EPI-GAZETTE

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The Florida Department of Health in Seminole County
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Florida Department of Health

Avian Influenza A(H7N9) virus Guidance	Focus Area: Surveillance

Guidance document number 2013-1

Interim Guidance for Investigation, Treatment, and Infection Control for Avian Influenza A(H7N9) virus for Healthcare Providers

Version 1.0 April 19, 2013

Note: This document may become outdated as situations change. Documents on this topic dated after April 19th, 2013 supersede this one. This document will be posted on the Bureau of Epidemiology website http://doh.state.fl.us/floridaflu

Summary:

- **On April 1, 2013, the World Health Organization (WHO) confirmed the first human infections with a new avian influenza A(H7N9) virus in China.** The first onset of illness was on February 19, 2013. **All human cases to date have been located in China, and most cases appear to be associated with animal contact.** The Florida Department of Health (DOH) continues to closely monitor the situation.
- While avian influenza A(H7N9) virus has been associated with severe respiratory illness and death, it is important to note that while there is some evidence that limited transmission between humans is possible, **there is no evidence thus far that avian influenza A(H7N9) virus is capable of sustained person-to-person transmission.**
- There is no evidence of avian influenza A(H7N9) virus infection in the United States or any countries other than China.
  - ✦ There are no current advisories for travelers going to China.
  - ✦ Travelers are advised to stay away from live animal markets and avoid close contact with birds and swine.
- **Since this zoonotic (avian) influenza outbreak, and others continue to occur in various parts of the world, it is advisable that healthcare workers be vigilant and obtain complete travel and animal contact information about the 10 days prior to symptom onset when treating patients with Influenza-like illness.**

Note: *Other zoonotic influenza viruses have been known to cause illness in humans who come into contact with infected animals, including avian influenza H5N1 (which circulates in China, East Asia, and other parts of the world) and swine influenza H3N2v (which is present in the US). Neither of these zoonotic strains has been identified in people or animals in Florida. Complete travel and animal contact information in the 10 days prior to symptom onset should be routinely collected for all influenza-like illness patients.*

Also in this issue:

For more information on up-to-date case counts and guidance visit:

WHO H7N9 Frequently Asked Questions
(http://www.who.int/influenza/human_animal_interface/faq_H7N9/en/index.html)

CDC H7N9 Information Page
(http://www.cdc.gov/flu/avianflu/h7n9-infection-control.htm)

Guidance:

Interim Guidance on Case Definitions to be Used for Novel Influenza A (H7N9) Case Investigations
(http://www.cdc.gov/flu/avianflu/h7n9-case-definitions.htm)

- Clinicians should routinely ask patients with influenza-like illness about their travel history and direct or indirect contact with animals
- Cases under investigation will have clinically compatible illness, plus
  - ✦ Recent contact with confirmed or probable case of avian influenza A(H7N9) virus infection
  - ✦ Recent travel to a country where novel influenza A (H7N9) has been recently detected in humans or animals
- Your county health department should be notified immediately of suspected cases of avian influenza A (H7N9) virus infection.

Interim Guidance on the Use of Antiviral Agents for Treatment of Human Infections with Avian Influenza A (H7N9)
(http://www.cdc.gov/flu/avianflu/h7n9-antiviral-treatment.htm)

- Hospitalized patients with severe illness should be treated with Oseltamivir (Tamiflu)
  - ✦ Clinicians should consider a longer course (up to ten days) of antivirals for optimum treatment
- Outpatients should be treated with Oseltamivir or Zanamivir regardless of underlying conditions
  - ✦ Treatment ought to be provided even if symptom onset was over 48 hours prior.
- If illness is resolving at time of examination, clinical judgment should be used for treatment decisions.

Interim Guidance for Infection Control Within Healthcare Settings When Caring for Patients with Confirmed, Probable, or Cases Under Investigation of Avian Influenza A (H7N9) Virus Infection
(http://www.cdc.gov/flu/avianflu/h7n9-infection-control.htm)

- **Contact and airborne precautions should be taken** in addition to standard precautions.
- Expanded precautions for contact with all confirmed cases, probable cases, and cases under investigation include:
  - ✦ **Required eye protection**
  - ✦ **Respiratory protection for all persons upon entry to the patient room or care area.**
    - ◊ Protection should be at least as protective as a fit-tested NIOSH-certified disposable N95 respirator**.** (http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/PersonalProtectiveEquipment/ucm055977.htm)
- **Clinicians should be aware of appropriate infection control guidelines for patients under investigation for infection with novel influenza A viruses**
  - ◊ Clinicians should adhere to Standard precaution plus Droplet, Contact, and Airborne Precautions, including eye protection.

Other Resources:

CDC update for Clinicians on Avian Influenza A (H7N9), 04/18/2013
(http://emergency.cdc.gov/coca/calls/2013/callinfo_041813.asp)

- Recording of Clinician Outreach and Communication Activity call providing information to clinicians on H7N9 treatment and infection control.

May is Hepatitis Awareness Month

The Florida Hepatitis Prevention Section, Florida Department of Health, recommends hepatitis A and hepatitis B vaccines, as well as hepatitis B and C testing, for adults at increased risk for hepatitis infection, or the serious consequences of infection.

The Seminole County Health Department Hepatitis Program provides FREE viral hepatitis testing to people who may be at risk for the disease. Qualified adults can also receive free vaccine against Hepatitis A and B.

The program also hosts a monthly support group for all Central Florida residents.
Every 2nd Wednesday of every month
6:00 pm to 7:30 pm
400 West Airport Blvd
Sanford, FL 32773

To get more information about hepatitis vaccine and testing availability please contact Enid Santiago-Cruz, Hepatitis Program Coordinator for the Florida Department of Health in Seminole County at (407) 665-3019 or at Enid_Santiago-Cruz@doh.state.fl.us

Visit us online at http://www.doh.state.fl.us/disease_ctrl/aids/hep/index.html

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The Florida Hepatitis Prevention Section Presents:

Hepatitis 101 Training

Florida Hepatitis Prevention Section will offer "Hepatitis 101: for Nurses, Counselors and Outreach Workers." This telephone conference call is a one-hour basic introductory training. **All you need is a phone and a computer!**

The course is presented in a telephone conference call format, and provides an introduction to hepatitis A, hepatitis B and hepatitis C. Prior to each course date, the conference call phone number, along with the Power Point Presentation, is emailed to all registrants. Any healthcare worker can participate in Hepatitis 101. Continuing education credit of one (1) contact hour is available for all licensed nurses in the state of Florida.

To register for this course, please complete the form found on the following link:
http://www.doh.state.fl.us/disease_ctrl/aids/hep/Hep101/101regform.htm

Please register early, as each session will be limited to the first 50 registrants. It's recommended that you allow 15 minutes during registration to take the mandatory pretest.

Learning Objectives:
After participating in Hepatitis 101, you will be able to:

- Describe hepatitis A (HAV), hepatitis B (HBV), and hepatitis C (HCV)
- Identify clients who should be referred for hepatitis vaccination and testing
- Understand information needed to counsel clients about viral hepatitis
- Understand the basics on laboratory test results
- Describe the risk factors for co-infection with hepatitis and HIV

Thank You For Your Participation!

The Epidemiology Program would like to thank the following healthcare providers for their diligence in timely reporting from Florida's "List of Reportable Diseases/Conditions":

Joanne Barnett, RN, Central Florida Regional Hospital
Veronica Butler, RN, Florida Hospital
Sandra Delahoz, RN, South Seminole Hospital

For more information about Florida's List of Reportable Diseases/Conditions, please contact Gregory Danyluk, PhD at 407-665-3266.

Selected Diseases/Conditions Reported to the Seminole County Health Department	2013 through Week 13	2012 through Week 13	2011 through Week 13	2010–2012 Average through Week 13
AIDS*	10	12	12	14.3
Animal Bite to Humans**	**5**	3	3	3.3
Animal Rabies	**2**	2	2	1.7
Campylobacteriosis	6	16	9	**8.7**
Chlamydia	345	364	394	355.0
Cryptosporidiosis	1	2	1	1.7
Cyclosporiasis	0	0	0	0.0
Dengue	0	0	0	0.0
E. coli Shiga toxin-producing	2	5	1	2.0
Giardiasis	2	4	2	4.7
Gonorrhea	73	76	52	71.0
Haemophilus influenzae (invasive)	**4**	1	1	**0.7**
Hepatitis A	0	2	1	**1.0**
Hepatitis B (acute and chronic)	11	15	12	15.3
Hepatitis C (acute and chronic)	**82**	63	68	**67.3**
Hepatitis B in Pregnant Women	0	0	1	1.0
HIV*	10	9	13	11.3
Lead poisoning	0	6	1	2.7
Legionellosis	**2**	0	1	**0.3**
Lyme Disease	0	2	2	1.3
Meningococcal Disease	0	1	0	0.3
Pertussis	**3**	1	0	**0.7**
Salmonellosis	7	8	14	10.7
Shigellosis	1	15	1	6.0
S. pneumoniae – drug resistant	3	4	3	5.0
Syphilis	7	12	10	9.7
Tuberculosis	2	1	2	2.3
Varicella	7	5	8	8.3

***** HIV data includes those cases that have converted to AIDS. These HIV cases cannot be added with AIDS cases to get combined totals since the categories are not mutually exclusive. Current AIDS/HIV data are provisional at the county level.

****** Animal bite to humans by a potentially rabid animal resulting in a county health department or state health office recommendation for post-exposure prophylaxis (PEP), or a bite by a non-human primate.

Reported cases of diseases/conditions in **Bold** are >10% higher than the current three year average for the same time period.

Chronic Hepatitis C
Why Baby Boomers Should Get Tested

From, CDC Division of Viral Hepatitis* and *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Why should baby boomers get tested for Hepatitis C?

More than 75% of adults with Hepatitis C are baby boomers. Baby boomers are people born from **1945 through 1965**. Most of them don't know they are infected.

- Baby boomers are five times more likely to be infected with Hepatitis C.
- Liver disease, liver cancer, and deaths from Hepatitis C are on the rise.
- As baby boomers age, there is a greater chance that they will develop serious, life-threatening liver disease from Hepatitis C.
- Testing people in this generation will help them learn if they are infected and get them into lifesaving care and treatment.
- Early diagnosis and treatment can help prevent liver damage, cirrhosis, and even liver cancer.

Why do baby boomers have such high rates of Hepatitis C?

The reason that baby boomers have the highest rates of Hepatitis C is not completely understood. Most boomers are believed to have become infected in the 1970s and 1980s when rates of Hepatitis C were the highest. Since chronic Hepatitis C can go unnoticed for up to several decades, baby boomers could be living with an infection that occurred many years ago.

Hepatitis C is primarily spread through contact with blood from an infected person. Many baby boomers could have gotten infected from contaminated blood and blood products before widespread screening of the blood supply began in 1992 and universal precautions were adopted. Others may have become infected from injecting drugs, even if only once in the past. Still, many baby boomers do not know how or when they were infected.

What should baby boomers know about Hepatitis C?

Hepatitis C is a liver disease that results from infection with the Hepatitis C virus. The disease can cause serious health problems including liver damage, cirrhosis, liver cancer and even death. In fact, Hepatitis C is a leading cause of liver cancer and the leading cause of liver transplants.

People with Hepatitis C:

- Often have no symptoms
- Can live with an infection for decades without feeling sick
- Can be successfully treated with medications

CDC now recommends that anyone born from 1945 through 1965 get tested for Hepatitis C.

Is there a test for Hepatitis C?

Yes. There is a simple blood test to determine if a person has ever been infected with the Hepatitis C virus.

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/knowmorehepatitis.